

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**  
**(FOR INTEL CORPORATION PATENT APPLICATIONS)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**METHOD AND APPARATUS TO DISTRIBUTE CONTENT USING A MULTI-STAGE BROADCAST SYSTEM**

the specification of which

  X   is attached hereto.  
       was filed on (MM/DD/YYYY) \_\_\_\_\_ as  
United States Application Number \_\_\_\_\_  
or PCT International Application Number \_\_\_\_\_  
and was amended on (MM/DD/YYYY) \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above. I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, and that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

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**Prior Foreign Application(s)**

**Priority  
Claimed**

<u>(Number)</u>	<u>(Country)</u>	<u>(Foreign Filing Date - MM/DD/YYYY)</u>	<u>Yes</u>	<u>No</u>
<u>(Number)</u>	<u>(Country)</u>	<u>(Foreign Filing Date - MM/DD/YYYY)</u>	<u>Yes</u>	<u>No</u>
<u>(Number)</u>	<u>(Country)</u>	<u>(Foreign Filing Date - MM/DD/YYYY)</u>	<u>Yes</u>	<u>No</u>

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

<u>Application Number</u>	<u>(Filing Date - MM/DD/YYYY)</u>
<u>Application Number</u>	<u>(Filing Date - MM/DD/YYYY)</u>

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Application Number</u>	<u>(Filing Date - MM/DD/YYYY)</u>	<u>Status - patented, pending, abandoned</u>
<u>Application Number</u>	<u>(Filing Date - MM/DD/YYYY)</u>	<u>Status - patented, pending, abandoned</u>

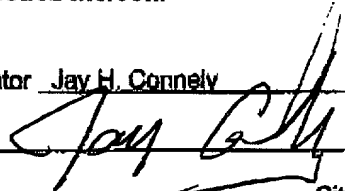
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I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

Send correspondence to James Y. Go, BLAKELY, SOKOLOFF, TAYLOR &  
(Name of Attorney or Agent)  
ZAFMAN LLP, 12400 Wilshire Boulevard 7th Floor, Los Angeles, California 90025 and direct  
telephone calls to James Y. Go, (425) 827-8600.  
(Name of Attorney or Agent)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor Jay H. Connelly  
Inventor's Signature  Date 6/15/2001  
Residence Portland, Oregon Citizenship USA  
(City, State) (Country)  
Post Office Address 3148 NW 126th Place  
Portland, OR 97229

Full Name of Second/Joint Inventor \_\_\_\_\_  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State) (Country)  
Post Office Address \_\_\_\_\_

Full Name of Third/Joint Inventor \_\_\_\_\_  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State) (Country)  
Post Office Address \_\_\_\_\_

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Full Name of Fourth/Joint Inventor \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State) (Country)

Post Office Address \_\_\_\_\_  
\_\_\_\_\_

Full Name of Fifth/Joint Inventor \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State) (Country)

Post Office Address \_\_\_\_\_  
\_\_\_\_\_

Full Name of Sixth/Joint Inventor \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State) (Country)

Post Office Address \_\_\_\_\_  
\_\_\_\_\_

Full Name of Seventh/Joint Inventor \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State) (Country)

Post Office Address \_\_\_\_\_  
\_\_\_\_\_